

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M.D., Director

Weekly Bulletin



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GUY P. JONES
 EDITOR

The Present Status of Malaria in California

Malaria is known to have been present in California since 1840—almost a decade before the gold rush began. Its prevalence increased, however, because of the migration to the El Dorado.

In the early fifties, the United States Army maintained fifteen posts scattered throughout the state. In northern California, these were located at San Francisco, Benicia, Sonoma, Redding, a location near Marysville, Fort Jones in Siskiyou County, and Fort Humboldt. Those designated as southern California posts were located across the river from Yuma, Arizona; San Diego, San Luis Rey, locations in Orange and Riverside counties, Fort Tejon near Bakersfield, Monterey and Fort Miller in the foothills of Fresno County.

During the six years, 1849 to 1854, 311 cases of intermittent and remittent fever were reported in the army posts in the San Joaquin Valley coastal regions from Monterey to San Diego and in the southern part of the state, while 109 cases were reported from the Sacramento Valley and the coastal region starting from San Francisco to Humboldt Bay.

In 1853, during the third quarter of the year, the incidence of malaria ran as high as 816 cases per 1000 men in the northern California posts. During these six years, 1849 to 1854, malaria was more prevalent in United States army posts in Florida, Arkansas, Indian Territory (now Oklahoma) and

western Texas than in California posts. Because of the extensive prevalence of intermittent fever in one post of northern California, the camp was abandoned in March of 1856. In analyzing army reports of the early fifties, it is apparent that geographical distribution of malaria in California at that time was not vastly different from the geographical distribution of the disease as it occurs in the state today.

In 1856 large numbers of Italian laborers were imported for the construction of the first railroad to be built in this state between Sacramento and Folsom.

An extremely virulent form of the disease is said to have appeared following this event, and it is believed that these laborers may have brought a severe type of malaria from Italy.

Praslow, an eminent German physician, visited California in 1857 and found malaria well established at that time. He stated that whole tribes of Indians were wiped out by the disease. Dr. Thomas M. Logan, first secretary of the California State Board of Health, has referred to the extreme prevalence of malaria throughout California in 1858.

It is probable that the construction of the trans-continental railroad, which was completed in 1869, also brought many foreign laborers who were infected with malaria. Little statistical information, relative to the prevalence of the disease in the sixties and seventies, is available, but in the eighties there were heated arguments between medical men and agricul-

turists as to the role that irrigation might play in the spread of malaria.

It was at this time that the cause of malaria was supposed to lie in the mysterious invisible miasmas that drifted about the country dealing destruction to those whom they might envelope.

In the early nineties malaria was more thoroughly reported than at any time during preceding years. In five years, from January, 1891, to June, 1896, 12,109 cases and 227 deaths from malaria were reported to the California State Board of Health. In some months as many as 450 cases were reported. The months of high incidence consistently were July, August, September and October. Geographical distribution, however, was the same as during preceding years. It was in 1898 that Sir Ronald Ross discovered the role of the mosquito in the transmission of malaria. The parasite had been discovered by Lavarin in 1870, but it was not until Ross's remarkable discovery that accomplishment in the control of the disease was made possible. In 1903, five years after this historical event, the first reported work of mosquito control in California was undertaken in the vicinity of San Rafael, followed in 1904 by similar undertakings of the Burlingame Improvement Club in San Mateo County.

In 1910 Professor W. B. Herms of the University of California conducted the first campaign against malaria bearing mosquitoes at Penryn in Placer County, followed by a similar enterprise in Oroville in Butte County. During the years that followed, volunteer work in mosquito control was carried on in other communities, but it was not until after 1915, when the Mosquito Abatement Act was placed on the statutes, that widespread activities in mosquito control were undertaken.

Since 1915, the decline in the prevalence of malaria has been most conspicuous, and in most communities of the state, where this disease existed before, the disease was brought almost to the vanishing point. During the seven years, 1914 to 1920, 4759 cases of malaria were reported and during the 10 years, 1921 to 1930, 1277 cases were reported. Of the cases that occurred during the seven years, 1914 to 1920, 87.3 per cent of all cases reported occurred in the Sacramento and San Joaquin valleys. During the next 10 years, 57.3 per cent of all cases reported occurred in these two great California valleys.

During the eight years, 1931 to 1938, 1260 cases of malaria were reported throughout the state. Of these, 56.5 per cent of the total number of cases reported occurred in the Sacramento and San Joaquin valleys.

DECENNIAL CENSUS IN 1940

The U. S. Census Bureau each year conducts a series of minor censuses measuring the vital activities of the nation. During the coming year, 1940, however, the bureau will conduct the greatest census-taking enterprise in the history of the world. This undertaking is known as the Sixteenth Decennial Census and will assemble facts on the commercial and industrial activities and the resources and population of the United States and its possessions.

Not only will the population of the entire nation, estimated to be in excess of 130 million, be counted, but businesses of all kinds, all factories, mines, quarries, houses and farms will be enumerated and all facts considered of general interest collected.

The Census of Manufactures will enumerate more than 170,000 establishments. More than three million business places will be tabulated by the Census of Business and some 12,000 mines and quarries by the Census of Mines and Quarries. These censuses were under way on January 2, 1940.

On April 1, 1940, census workers will begin collecting information on the population. At the same time information will be obtained regarding 33 million dwellings, and some seven million farms. While enumerating the people, the workers will also gather data on occupation and unemployment.

More than 12,000 enumerators, after having pursued a special course of instruction, will do the field work on the censuses of Business, Manufactures and Mines and Quarries. They will visit every business man, manufacturer and mines and quarries operator in the nation.

Special schedules, eleven for the Business Census and 147 for the Manufactures Census, will be distributed personally by census enumerators. The enumerators will be ready to help officials of business houses and factories fill out the schedules. The schedules, upon being completed, are mailed immediately to the Census Bureau in Washington. When all the schedules are in the hands of the Bureau, the agency will begin the arduous task of compiling statistical summaries.

The same law which authorizes the taking of periodic censuses of the population, natural resources and commercial and industrial activities of the nation, forbids the Bureau from revealing private information reported on the schedules. The statistical data is published only in broad, general form. When there is danger that information of confidential nature may be revealed, the Bureau will not publish the statistics, remarking in a footnote at the bottom of the table: "Information withheld to avoid disclosure of individual operations."

No other agency, be it part of the government or outside of the government, is allowed to examine individual schedules for purpose of investigation, taxation or regulation. Only census employees, sworn to keep confidential information that they handle, are permitted to see the completed reports.

The bureau expects to complete the Censuses of Manufactures, Business and Mines and Quarries within five months of 1940 and to be able to publish some of the figures by late summer. The Census of Population, Occupations, Incomes and Unemployment will require a month in taking. The other censuses will be completed in the shortest possible time.

Data will be made public for the entire nation and by states. Information on population, and for certain phases of business and manufactures will be published not only by states but by counties and cities and towns of more than 2500 inhabitants.

The first Manufactures Census was held in 1810, and it enumerated the activities of the year 1809. The Business Census started in 1929. The first Population Census was conducted in 1790, a century and a half ago.

NURSES' CONFERENCES ON SIGHT CONSERVATION

A series of conferences in an educational program for public health nurses, sponsored by the State Department of Public Health, has been scheduled to begin January 16, 1940. The subject to be presented at these meetings is Sight Conservation.

An ophthalmologist will speak at each morning session on important factors in maintaining eye health. Through the generosity of the National Society for the Prevention of Blindness, Miss Eleanor W. Munford, Associate for Nursing Activities, will spend three weeks in California to assist with the conferences. At each afternoon session, she will present interesting material and lead the discussion on the public health nurse's part in the sight conservation program.

Luncheon meetings are scheduled in all communities except Santa Barbara and San Francisco.

A list of the dates and places at which the conferences will be held follows:

Date and Place

Tuesday, January 16th—School Administration Building, 2348 Mariposa Street, Fresno, California.

Wednesday, January 17th—Theater (lower floor, west wing), Kern General Hospital, Bakersfield.

Friday, January 19th—Supervisors' Room, Court House, Santa Barbara.

Tuesday, January 23d—Room No. 115, State Building, Los Angeles, California.

Friday, January 26th—Casa Del Rey Moro Cafe, Balboa Park, San Diego.

Tuesday, January 30th—Dunn Hall, Civic Auditorium, San Jose, California.

Wednesday, January 31st—San Francisco Health Department, Auditorium, 101 Grove Street, San Francisco.

Friday, February 2d—School Administration Building, 21st and L Streets, Sacramento.

HEALTH OFFICERS NEWLY APPOINTED

Dr. John O. Raffety, who has been health officer of Yolo County became health officer of Sonoma County at the beginning of the year, replacing Dr. B. L. Zinnamon, who has accepted a public health position in Alaska. Dr. Lenor S. Goerke has succeeded Dr. Raffety as health officer of Yolo County.

DISEASES REPORTABLE IN CALIFORNIA

REPORTABLE ONLY

Anthrax	Lymphogranuloma
Beriberi	Inguinale
Botulism	Malaria*
Chancroid	Pellagra
Coccidioidal Granuloma	Pneumonia (Lobar)
Dengue*	Relapsing Fever
Epilepsy	Rocky Mountain Spotted Fever
Fluke Infection	Septic Sore Throat
Food Poisoning	Tetanus
Glanders†	Trichinosis
Hookworm	Tularemia
Jaundice (Infectious)	Undulant Fever

ISOLATION OF PATIENT

Chickenpox	Ophthalmia Neonatorum
Dysentery (Amoebic)	Psittacosis
Dysentery (Bacillary)	Rabies (Animal)
Erysipelas	Rabies (Human)
German Measles	Syphilis
Gonococcus Infection	Trachoma
Influenza	Tuberculosis
Measles	Whooping Cough
Mumps	

QUARANTINABLE

Cholera†	Scarlet Fever
Diphtheria	Smallpox
Encephalitis (Epidemic)	Typhoid and Paratyphoid Fever
Leprosy	Typhus Fever
Meningitis (Epidemic)	Yellow Fever†
Plague†	
Acute Anterior Poliomyelitis	

* Patients should be kept in mosquito-free room.

† Cases to be reported to State Department of Public Health by telephone or telegraph and special instructions will be issued.

MORBIDITY

Complete Reports for Following Diseases for Week Ending
December 30, 1939

Chickenpox

302 cases: Alameda County 2, Albany 3, Berkeley 3, Oakland 14, Chico 1, Contra Costa County 1, Fresno County 1, Fresno 6, Westmorland 1, Inyo County 10, Bishop 10, Kern County 1, Bakersfield 2, Kings County 6, Los Angeles County 7, Alhambra 2, Claremont 1, Compton 2, Culver City 1, Long Beach 7, Los Angeles 22, Monrovia 1, South Gate 1, Monterey Park 1, Madera County 2, Madera 1, Marin County 1, San Rafael 7, Mendocino County 4, Gustine 3, Monterey County 14, King City 6, Monterey 1, Orange County 18, Santa Ana 4, Riverside County 1, Riverside 3, Sacramento County 2, Sacramento 4, San Bernardino County 13, Redlands 1, San Bernardino 1, San Diego County 2, Oceanside 5, San Diego 3, San Francisco 51, San Joaquin County 8, Stockton 8, San Luis Obispo County 4, Santa Barbara County 6, Santa Barbara 5, San Jose 1, Redding 3, Siskiyou County 1, Yreka 2, Stanislaus County 1, Sutter County 2, Tulare County 1, Lindsay 5, Tulare 1, Ventura County 1.

Diphtheria

20 cases: San Leandro 2, Kern County 1, Los Angeles County 1, Glendale 1, Long Beach 1, Los Angeles 4, Pomona 1, Sacramento County 1, San Diego 1, San Francisco 2, San Joaquin County 1, Stockton 1, Montague 2, Tulare County 1.

German Measles

12 cases: Berkeley 1, Oakland 1, Fresno County 1, Los Angeles County 1, Long Beach 3, Los Angeles 1, San Diego 1, Yreka 2, Yolo County 1.

Influenza

54 cases: Alameda 1, Berkeley 2, Oakland 3, Los Angeles County 7, Glendora 1, Huntington Park 1, Long Beach 2, Los Angeles 10, Santa Monica 1, Whittier 1, Lynwood 1, Maywood 2, Madera County 6, Madera 8, Santa Ana 1, Riverside 2, San Bernardino County 1, San Bernardino 1, San Diego 1, San Francisco 1, Yuba County 1.

Malaria

3 cases: Riverside 1, Sacramento County 1, Marysville 1.

Measles

199 cases: Albany 1, Oakland 2, San Leandro 2, Coalinga 2, Imperial County 6, El Centro 1, Holtville 1, Kern County 24, Los Angeles County 1, Alhambra 1, Glendale 1, Los Angeles 6, San Fernando 6, Orange County 2, Santa Ana 3, Sacramento County 6, San Diego County 13, Chula Vista 2, Escondido 1, National City 38, San Diego 57, San Francisco 4, San Joaquin County 12, San Jose 1, Yreka 3, Tulare County 1, Oxnard 1, Woodland 1.

Mumps

139 cases: Albany 2, Berkeley 9, Oakland 6, Contra Costa County 1, Fresno County 5, Coalinga 1, Kingsburg 1, Selma 2, Kern County 5, Bakersfield 2, Kings County 7, Lake County 1, Los Angeles County 5, Alhambra 1, Azusa 1, Long Beach 6, Los Angeles 12, Montebello 1, Pasadena 4, South Gate 1, St. Helena 1, Brea 5, La Habra 1, Placentia 2, Sacramento 2, San Diego County 1, San Francisco 6, San Joaquin County 1, Manteca 1, Stockton 9, San Luis Obispo County 2, San Mateo County 1, San Bruno 2, San Mateo 3, South San Francisco 1, Atherton 1, Menlo Park 2, Santa Barbara 6, Santa Maria 1, Palo Alto 5, Siskiyou County 1, Yreka 1, Sutter County 3, Tulare County 1, Visalia 1, Oxnard 1, Davis 5.

Pneumonia (Lobar)

59 cases: Alameda County 1, Alameda 1, Berkeley 1, Oakland 9, Fresno 1, Kern County 3, Bakersfield 1, Los Angeles County 6, Los Angeles 13, San Fernando 1, Gardena 1, Madera County 2, Sacramento County 2, Sacramento 8, San Diego 1, San Francisco 5, Sutter County 1, Yuba County 2.

Scarlet Fever

138 cases: Oakland 3, Butte County 3, Fresno County 1, Fowler 2, Willows 3, Humboldt County 1, Imperial County 2, Kern County 1, Bakersfield 1, Kings County 2, Hanford 1, Los Angeles County 18, Alhambra 1, Compton 3, Culver City 1, Glendale 4, Huntington Park 2, Los Angeles 15, Monrovia 1, Pasadena 2, Pomona 2, Redondo 2, South Gate 2, Monterey County 1, Napa 1, St. Helena 1, Grass Valley 1, Orange County 1, Riverside County 1, San Bernardino County 6, Redlands 1, San Diego County 1, National City 1, San Diego 5, San Francisco 8, Stockton 1, San Luis Obispo 3, San Carlos 1, Santa Barbara 5, Santa Clara County 5, San Jose 1, Watsonville 1, Yreka 1, Sutter County 2, Tehama County 1, Tulare County 5, Exeter 4, Tulare 2, Visalia 1, Ventura County 3, Ventura 1.

Smallpox

3 cases: Humboldt County 1, Tulare County 2.

* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

Typhoid Fever

No cases reported.

Whooping Cough

103 cases: Alameda 1, Berkeley 1, Oakland 8, Fresno County 5, Kern County 1, Los Angeles County 9, Glendale 1, Los Angeles 17, Pasadena 2, Monterey Park 2, Merced 2, Monterey County 2, Riverside 1, Redlands 4, San Bernardino 2, San Diego 11, San Francisco 11, Santa Clara County 8, Palo Alto 5, Santa Clara 2, Petaluma 2, Tulare County 1, Lindsay 4, Yolo County 1.

Meningitis (Epidemic)

2 cases: Fresno County 1, Blythe 1.

Dysentery (Amoebic)

3 cases: Oakland 1, Kern County 1, Napa County 1.

Dysentery (Bacillary)

12 cases: Los Angeles County 1, Beverly Hills 1, Long Beach 1, Los Angeles 2, San Francisco 1, Stockton 1, Atherton 1, Shasta County 1, Sonoma County 3.

Poliomyelitis

3 cases: Hayward 1, Monterey 1, Tulare County 1.

Tetanus

4 cases: Alhambra 1, Los Angeles 2, Santa Ana 1.

Trachoma

One case: San Francisco.

Encephalitis (Epidemic)

One case: Merced County.

Paratyphoid Fever

2 cases: Los Angeles 1, San Francisco 1.

Trichinosis

One case: Anaheim.

Typhus Fever

One case: National City.

Jaundice (Epidemic)

One case: Delano.

Food Poisoning

2 cases: Covina 1, San Diego 1.

Undulant Fever

5 cases: Lynwood 1, Sacramento County 1, Redlands 2, Oxnard 1.

Tularemia

One case: Sonoma County.

Coccidioid Granuloma

One case: San Diego.

Epilepsy

648 cases: Oakland 3, Los Angeles County 2, Alhambra 1, Los Angeles 15, Whittier 1, San Francisco 5, San Joaquin County 2, Sonoma County 618, Trinity County 1.

Rabies (Animal)

2 cases: El Centro 1, Los Angeles 1.

Men that look no further than their outsides, think health an appurtenance unto life, and quarrel with their constitutions for being sick; but I that have examined the parts of man, and know upon what tender filaments that fabric hangs, do wonder that we are not always so; and considering the thousand doors that lead to death, do thank God that we can die but once.—Sir T. Browne.

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